PTO/SB/06 (08-00)
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o a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 9-13528-194US OTHER THAN **CLAIMS AS FILED - PART I SMALL ENTITY** SMALL ENTITY (Column 1) (Column 2) FOR NUMBER EXTRA NUMBER FILED RATE RATE FEE FEE BASIC FEE <sub>\$</sub> 750 OR (37 CFR 1.16(a)) TOTAL CLAIMS 24 x <u>\$\_</u>0 44 minus 20 = 0 432 OR 18 (37 CFR 1.16(c)) INDEPENDENT CLAIMS 4 1 0 = minus 3 = 0 84\_ 84 OR (37 CFR 1.16(b)) 0\_ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 0 = 0 0 OR 1,266 0 TOTAL OR TOTAL \* If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER RATE **AMENDMENT** TIONAL RATE TIONAL AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent \*\*\* Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 0 OR 0 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI- $\mathbf{m}$ REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR 1.16(c)) OR Independent Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL OR ADDIT, FEE 0 0 ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE PAID FOR AMENDMENT OR Total Minus = x \$. (37 CFR 1.16(c)) OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 0 0 \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual ease. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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